

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/07/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G188		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/05/2012	
NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 407 W 75TH PL MERRILLVILLE, IN 46410			
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: March 30 and April 2, 3, 4 and 5, 2012</p> <p>Facility number: 000720 Provider number: 15G188 AIM number: 100234610</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 4/17/12 by Ruth Shackelford, Medical Surveyor III.</p>		W0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0104	<p>483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview, the governing body failed for 4 of 4 clients living at the group home (clients #1, #2, #3, and #4) to exercise operating direction over the facility to complete routine maintenance.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 3/30/12 from 6:20 A.M. until 8:35 A.M.. Upon entering client #1, #2, #3, and #4's home, the hallway leading to their bedrooms was observed to have 13 white rough patches. At 7:15 A.M., client #1 asked if she could get new blinds in her window because her window blinds were broken. Client #1's bedroom window blinds were observed to have 7 broken slats. When asked how long her blinds were broken, client #1 stated "For over 2 months now."</p> <p>An interview with the Service Coordinator (SC) was conducted at the group home on 3/30/12 at 8:00 A.M.. The SC indicated client #1's bedroom blinds needed to be replaced. When asked how often maintenance repair checks were conducted at the group</p>			W0104	<p>Maintenance staff will repair all damaged areas/items within the next 30 days 4/29/12. To ensure future compliance thereafter, the maintenance crew, area manager, and staff will monitor the condition of the home monthly and notify the appropriate persons of any changes. The maintenance crew, area manager, and staff will monitor the home periodically thereafter.</p>		04/29/2012

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	home, the SC stated "Monthly." No further documentation was available for review to indicate when client #1's bedroom window blinds would be replaced. 9-3-1(a)						

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W0159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>Based on record review and interview, the facility failed to assure active treatment objectives for 2 of 2 sampled clients (clients #1 and #2) were monitored by the Service Coordinator/Qualified Mental Retardation Professional (SC/QMRP).</p> <p>Findings include:</p> <p>A review of client #1's record was conducted at the facility's administrative office on 4/4/12 at 12:20 P.M.. Review of client #1's Individual Support Plan (ISP) dated 9/9/11 indicated the following: "Will use a calculator to add/subtract on her financial sheet...will continue to learn to launder her clothes, sort, fold and put in dresser...will learn to clean her personal bedroom...will learn to participate in a group communication for 30 minutes or more...will continue to learn the side effects of her medication...will learn to toilet herself with assistance at night...will use the exercise bike for at least 10 minutes." A review of client #1's active treatment objective "Progress Note Summary" indicated no monthly review by a QMRP for the months of March 2011, April</p>			W0159	<p>The Service Coordinator will retrain DSPs on implementation of objectives and document training. To ensure future compliance, the Service Coordinator will observe implementation of the program objectives monthly.</p>		04/29/2012

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	<p>2011, May 2011, June 2011, July 2011, August 2011, September 2011, October 2011, November 2011, December 2011, January 2012 and February 2012.</p> <p>A review of client #2's record was conducted at the facility's administrative office on 4/4/12 at 1:10 P.M.. Review of client #2's Individual Support Plan (ISP) dated 3/19/12 indicated the following: "Will purchase in the community...will continue to learn to prepare a meal...will continue to learn to clean her bedroom...will continue to learn about her medications-side effects...will learn to to brush and floss her teeth...will learn to interact with peers in a daily leisure activity...will continue to brush her teeth after lunch." A review of client #2's active treatment objective "Progress Note Summary" indicated no monthly review by a QMRP for the months of March 2011, April 2011, May 2011, June 2011, July 2011, August 2011, September 2011, October 2011, November 2011, December 2011, January 2012 and February 2012.</p> <p>An interview with the Service Coordinator (SC/QMRP) was conducted on 4/5/12 at 11:18 A.M.. The SC indicated clients' active treatment objectives should be reviewed monthly and entered into the data base</p>						

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	<p>immediately after review of the objectives to monitor progress or regress. The SC further indicated she wasn't sure if clients #1 and #2's active treatment objectives were reviewed and put into the data base monthly.</p> <p>9-3-3(a)</p>						

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W0183	<p>483.430(c)(2) FACILITY STAFFING</p> <p>There must be responsible direct care staff on duty and awake on a 24-hour basis, when clients are present, to take prompt, appropriate action in case of injury, illness, fire or other emergency, in each defined residential living unit housing:</p> <ul style="list-style-type: none"> (i) Clients for whom a physician has ordered a medical care plan; (ii) Clients who are aggressive, assaultive or security risks; (iii) More than 16 clients; or (iv) Fewer than 16 clients within a multi-unit building. <p>Based on record review and interview, for 2 of 2 sampled clients (clients #1 and #2), the facility failed to provide overnight awake staff to ensure staff supervision for client #1 and #2's documented identified needs.</p> <p>Findings include:</p> <p>A review of client #1's record was conducted at the facility's administrative office on 4/4/12 at 12:30 P.M.. A review of client #1's Behavioral Support Plan (BSP) dated 9/10 indicated the following: "Targeted Behaviors: Physical aggression-Intentionally hitting or striking another with the intent of doing harm...Medication Considerations-Zyprexa 5 mg (milligrams) in the morning and 10 mg at night time to elicit a calming effect, diminish agitation, decrease</p>			W0183	<p>Area Manager will guarantee awake staff on a nightly basis. Clock IN/OUT records will be reviewed by Area Manager weekly. To ensure future compliance, the Area Manager will make random visits at least monthly.</p>		04/29/2012

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	<p>hallucinations and delusional thought plus decrease agitation and hostility...Remeron 30 mg at bedtime is used for the clinical impression of Major depressive disorder...Ativan 1 mg twice daily is typically used for the clinical impression of anxiety disorder or other diagnoses with agitation." Review of client #1's Individual Support Plan (ISP) dated 9/9/11 indicated: "Receives Behavioral Programming (including medications)...Follow up with Psychiatrist...Intermittent Explosive disorder-receiving psychotropic medications."</p> <p>A review of client #2's record was conducted at the facility's administrative office on 4/4/12 at 1:10 P.M.. A review of client #2's Behavioral Support Plan (BSP) dated 9/10, Goal date 7/12 indicated the following: "Self Injurious Behavior-Banging her head against objects...May also pick or scratch her ears or legs. She may also pull her own hair...Physical aggression-Hitting, kicking, scratching, punching or otherwise intentionally causing physical injury to another person...Medication considerations-Clozapine 200 mg at night and 50 mg in the morning and at noon-control violent impulsive tendencies and elicit more stability in thought."</p>						

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	<p>A review of the group home staff actual hours worked record was conducted on 3/30/12 at 1:10 P.M.. Review of the group home actual hours worked record dated 2/5/12 through 3/17/12, indicated no overnight awake staff worked at the group home on 2/5/12 and 2/11/12.</p> <p>An interview with the Service Coordinator (SC) was conducted on 4/5/12 at 11:18 A.M.. The SC indicated there should always be overnight awake staff working at this group home. The Area Manager was not available for interview.</p> <p>9-3-3(a)</p>						

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W0247	<p>483.440(c)(6)(vi) INDIVIDUAL PROGRAM PLAN The individual program plan must include opportunities for client choice and self-management.</p> <p>Based on observation and interview, the facility failed for 3 of 4 clients residing at the group home (clients #2, #3 and #4), to allow clients choice and self-management pertaining to socializing in their home.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 3/30/12 from 6:20 A.M. until 8:35 A.M.. At 8:10 A.M., clients #2, #3 and #4 were in their dining/kitchen area, talking, laughing and interacting with each other and staff. Direct Support Professional (DSP) #1 entered the area and prompted clients #2, #3 and #4 out of the kitchen/dining area because client #1 was coming in to eat her breakfast and they could not be in the kitchen when she entered. Clients #2, #3 and #4 looked around and exited as directed.</p> <p>An interview with clients #2, #3 and #4 was conducted on 3/30/12 at 8:15 A.M.. Clients #2, #3 and #4 indicated they like sitting in their kitchen/dining area talking and did not want to leave because client #1 did not want them in the</p>			W0247	<p>Client #1's behavior plans will be reviewed to address asocial behaviors like refusing to eat or participate with others. Staff will be training on this plan. Additional training will be provided on methods of providing choice, alternatives to asocial behavior, and family style dining.</p>		04/29/2012

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	<p>kitchen/dining area.</p> <p>An interview with the Service Coordinator (SC) was conducted on 4/5/12 at 11:18 A.M.. The SC indicated DSP #1 should not have prompted the clients out of their kitchen/dining area.</p> <p>9-3-4(a)</p>						

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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, for 1 of 3 clients (client #4) who wore eyeglasses, the facility failed to encourage/teach her to wear her eyeglasses.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 3/30/12 between 6:20 A.M. and 8:35 A.M.. Client #4 was observed the entire observation period not wearing eyeglasses. Staff did not prompt client #4 to wear her eyeglasses.</p> <p>A review of client #4's record was conducted at the facility's administrative office on 4/4/12 at 1:30 P.M.. A review of client #4's Individual Support Plan dated 4/6/2011, indicated: "Wears glasses. These are repaired/replaced as needed." Review of client #4's medical record indicated an eye exam dated 7/13/10 which indicated client #4 was to wear eyeglasses.</p>		W0436	<p>Service Coordinator will retrain DSPs to teach clients to use and make informed decisions about the use of adaptive equipment. To ensure future compliance the Service Coordinator will make random visits at least monthly.</p>		04/29/2012	

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	<p>The Service Coordinator (SC) was interviewed at the facility's administrative office on 4/5/12 at 11:18 A.M.. The SC indicated client #4 wears eyeglasses and further indicated staff should encourage and teach her to wear her eyeglasses at all times.</p> <p>9-3-7(a)</p>						

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W0488	<p>483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation, record review and interview, the facility failed to assure 1 of 2 sampled clients (client #2) was involved in meal preparation.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group on 3/30/12 from 6:20 A.M. until 8:35 A.M.. At 7:25 A.M., DSP #2 retrieved a slice of toast out of the toaster and placed it on a plate and placed the plate on the table in front of client #2. DSP #2 then poured a bowl of cereal and placed the bowl in front of client #2 as she sat with no activity at the dining table. Client #2 ate her breakfast independently. At 7:35 A.M., DSP #2 prepared client #2's lunch while client #2 sat with no activity. Client #2 did not assist in meal preparation.</p> <p>A review of client #2's record was conducted on 4/4/12 at 1:10 P.M.. Review of client #2's Individual Support Plan (ISP) dated 3/19/12 indicated: "Will continue to learn to prepare a meal."</p> <p>An interview with the Service Coordinator (SC) was conducted at the</p>		W0488	<p>The Service Coordinator will retrain DSP to have clients participate in the dining experience to the extent of their assessed capabilities. To ensure future compliance, the Service Coordinator will make random visits to monitor participation at least monthly.</p>		04/29/2012	

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	<p>facility's administrative office on 4/5/12 at 11:18 A.M.. The SC indicated client #2 was capable of assisting in meal preparation and further indicated she should be assisting in meal preparation at meal times.</p> <p>9-3-8(a)</p>						